



Express Mailing Label # EJ743858926US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
DA Holman, CJ Bruckner-Lea,	)	Art Unit: 1724
FJ Brockman, and DP Chandler	)	Examiner: I. Cintins
Serial No: 09/177,902	)	
Filed: 10/23/98	)	
For: METHOD AND APPARATUS FOR	)	Our Ref. No: E-1658
PACKED COLUMN SEPARATIONS	)	
AND PURIFICATIONS	)	Date: August 9, 2001

CERTIFICATE OF MAILING

Box PATENT APPLICATION  
Commissioner of Patents and Trademarks  
Washington, DC 20231

Dear Sir:

The undersigned hereby certifies that the attached:

- ☒ [ X ] Request for Continued Examination
- ☒ [ X ] Preliminary Amendment
- ☒ [ X ] Fee Transmittal (2 ea.)
- ☒ [ X ] Associate Power of Attorney
- ☒ [ X ] Return Receipt Postcard

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*Janice K. Laybourn*  
Signature

*August 9, 2001*  
Date of Deposit

Janice K. Laybourn K1-53  
Intellectual Property Services  
Battelle Memorial Institute  
Pacific Northwest Laboratories  
P.O. Box 999  
Richland, WA 99352  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL For FY 2001	
Patent fees are subject to annual revision.	
TOTAL AMOUNT OF PAYMENT	(\$ 410.00

Complete If Known	
Application Number	09/177,902
Filing Date	10/23/98
First Named Inventor	Holman
Examiner Name	I. Cintins
Group/Art Unit	1724
Attorney Docket No.	E-1658

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number	02-1275	Large Entity Small Entity	
Deposit Account Name	Battelle Memorial Institute - PND	Fee Fee Fee Fee	Fee Description Fee Paid
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		Code (\$)	Code (\$)
<input checked="" type="checkbox"/> Applicant claims small entity status		105 130 205 65	Surcharge- late filing fee or oath
2. Payment Enclosed:		127 50 227 25	Surcharge- late provisional filing fee or cover sheet
<input type="checkbox"/> check	<input type="checkbox"/> Money Order	139 130 139 130	Non-English specification
<input type="checkbox"/> Other		147 2,520 147 2,520	For filing a request for reexamination
FEE CALCULATION		112 920* 112 920*	Requesting publication of SIR prior to Examiner action
1. BASIC FILING FEE		113 1,840* 113 1,840*	Requesting publication of SIR after Examiner action
Large Entity Small Entity		115 110 215 55	Extension for reply within first month
Fee Fee Fee Fee	Fee Description Fee Paid	116 390 216 195	Extension for reply within second month
Code (\$)	Code (\$)	117 890 217 445	Extension for reply within third month
101 710 201 355	Utility filing fee	118 1,390 218 695	Extension for reply within forth month
106 320 206 160	Designing filing fee	128 1,890 228 945	Extension for reply within fifth month
107 490 207 245	Plant filing fee	119 310 219 155	Notice of Appeal
108 710 208 355	Reissue filing fee	120 310 220 155	Filing a brief in support of an appeal
114 150 214 75	Provisional filing fee	121 270 221 135	Requesting for oral hearing
SUBTOTAL (1) (\$ -0-		138 1,510 138 1,510	Petition to institute a public use proceeding
		140 110 240 55	Petition to revive - unavoidable
2. EXTRA CLAIM FEES		141 1,240 241 620	Petition to revive - unintentional
Total Claims 17 - 20* = 0	Extra Claims Fee form below Fee Paid	142 1,240 242 620	Utility issue fee (or reissue)
Independent Claims 4 - 5** = 0		143 440 243 220	Design issue fee
Multiple Dependent		144 600 224 300	Plant issue fee
**or number previously paid, if greater; For Reissues, see below		122 130 122 130	Petitions to the Commissioner
Large Entity Small Entity		123 50 123 50	Petitions related to provisional applications
Fee Fee Fee Fee	Fee Description Fee Paid	126 240 126 240	Submission of Information Disclosure Stmt
Code (\$)	Code (\$)	581 40 581 40	Recording each patent assignment per property (times number of properties)
103 18 203 9	Claims in excess of 20	146 710 246 355	Filing a submission after final rejection (37 CFR § 1.129(a))
102 80 202 40	Independent claims in excess of 3	149 710 249 355	For each additional invention to be examined (37 CFR § 1.129(b))
104 270 204 135	Multiple dependent claim, if not paid	179 710 279 355	Request for Continued Examination (RCE)
109 80 209 40	**Reissue independent claims over original patent	Other fee (specify)	
110 18 210 9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (3) (\$ -0-	
SUBTOTAL (2) (\$ -0-			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Stephen R. May	Registration No. (Attorney/Agent)	29,255
Signature	<i>Stephen R. May</i>	Telephone	(509) 375-2387
		Date	Aug 9, 2001

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.